Name in Full | Certificate of Death

Edith Clark

Died at Town: Jessup | County: ~~Howard~~ Anne Arundel | MARYLAND

Date 1899 | Month: 2 | Day: 2 | Age: Y. 12 M. 10 D. 19 | Native of: Md | Occupation: —

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name: J. B. Clark 57 | Mother's Name: Ella S. Clark

Cause of Death:
- Primary: Valvular disease of heart — How long sick: 18 mos.
- Immediate: Broken compensation = heart failure ~~Accident, Suicide, Homicide~~

Reported by: W. Lintincum M.D.

Address: Savage Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name In Full [redacted] Thomas Edward Dawson — Certificate of Death

Town — County

Died at — Anne Arundel — MARYLAND

Date 189 9 — Month 2 — Day 28 — Age Y. 3 M. D. — Native of — Occupation

Male / Female — White / Colored — Married / Single — Widow / Widower — Divorced — Number of children living

Husband of
Wife

Father's Name Milton Dawson — Mother's Name Emma Dawson

Cause of Death — Primary — 161 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Ind. Advertiser

Address [redacted] 3-11 th

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full Sarah Ann Disney

Certificate of Death

Died at Town Woodwardville County Anne Arundle MARYLAND

Date 189 9 Month Feb. Day 20 Age Y. 81, M. 8 D. Native of Maryland, Occupation Housekeeper

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 6

Husband / Wife of Benjamin Franklin Disney

Father's Name Samuel Anderson Mother's Name Elizabeth Anderson

Cause of Death: Primary Infirmities of age 141 How long sick Two years

Immediate ~~Accident, Suicide, Homicide~~

Reported by Sam H. Anderson M.D

Address Woodwardville, A. A. County

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]

Name in Full Robert Dixon

Certificate of Death

Died at Town Churchton County A.A.

MARYLAND

Date 1899 Month Feb. Day 22 | Age Y. 31 M. — D. — | Native of A.A.Co. Md | Occupation Oysterma

Male ~~White~~ Married ~~Widow~~ ~~Divorced~~

~~Female~~ Colored ~~Single~~ ~~Widower~~ Number of children living 6

Husband ~~Wife~~ of Lizzie Gross

Father's Name Unknown

Mother's Name Lizzie Dixon

Cause of Death: Primary Consumption Pulmonary

Immediate Exhaustion 22a

How long sick 18 Mos

~~Accident, Suicide, Homicide~~

Reported by Geo T Dent M.D.

Address Churchton, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

John Dressel.

Town

Died at Annapolis

County

Anne Arundel MARYLAND

Date 1899 Month Feby. Day 27

Age Y. 74. M. 10 D. 20

Native of Germany. Occupation Restaurant

Male ~~Female~~

White ~~Colored~~

~~Married~~ ~~Single~~ ~~Widow~~ Widower ~~Divorced~~

Number of children living 4

Husband ~~Wife~~ of Wilhelmina Dykes

~~Father's~~ Name

~~Mother's~~ Name

Cause of Death: Primary Bright Disease 97

How long sick 11 Months

Immediate with Complications

~~Accident~~, Suicide, ~~Homicide~~

Reported by James S Taylor M. D.

Address Annapolis Md

over

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, BOSTON

Name of Dr Geo Wells
Ann Arbor Mich

information from
Geo. Drexel Coll

Rec'd for record
Feb 28th 1894

Name in Full George Hebron

Certificate of Death

Died at Town Annapolis County A. A. Co MARYLAND

Date 189 Month Feb. Day 22 | Age Y. 28 M. D. | Native of Md. | Occupation Laborer

~~Male~~ / ~~Female~~ | ~~White~~ / Colored | ~~Married~~ / Single | ~~Widow~~ / ~~Widower~~ | ~~Divorced~~ | ~~Number of children living~~

Husband / Wife of

Father's Name Samuel Hebron

Mother's Name Catherine Hebron

Cause of Death: Primary Phthisis Pulmonalis — How long sick 1 yr

Immediate Hemorrhage 2 2 9 — Accident, Suicide, Homicide

Reported by H. R. Nuschler M. D

Address 47 Market

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 85968

Recd for record
Mch 10th 1899

Name in Full | Certificate of Death

Samiel Hurben

Died at Town: Annapolis County: Anne Arundals. MARYLAND

Date 1899 Month: Feby. Day: 22 | Age Y.: 24 M.: 5 ~~D.~~ | Native of: Va. | Occupation: Oysterman

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Colored Single ~~Widower~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~ of

Father's Name: Samiel Hurben | Mother's Name: Millie

Cause of Death: Primary: Tuberculosis. 22a | How long sick: 2 years.

Immediate: Hemorrhage | ~~Accident, Suicide, Homicide~~

Reported by: James S Taylor F.D.

Address: Annapolis Md

over

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name of Dr. H. R. Winchester
Annapolis Ind
informed by Dr Winchester

Read for record
Feb 28th 1899

Name in Full

Certificate of Death

Alice A. Kelley.

Died at Town: Annapolis County: Anne Arundel. MARYLAND

Date 1899. Month: Feby. Day: 6

Age Y. 2 M. 6 D. 11.

Native of Md

~~Occupation~~

~~Male~~ / Female

White / ~~Colored~~

~~Married~~ / Single

~~Widow~~ / ~~Widower~~

~~Divorced~~

~~Number of children living~~

~~Husband~~ / ~~Wife~~ of

Father's Name: Wm. T. Kelley

Mother's Name: Mary J. Kelley

Cause of Death — Primary: Bronical. 71

Immediate: Pneumonia

How long sick: 11 days.

~~Accident, Suicide, Homicide~~

Reported by: James S. Taylor M. D.

Address: Annapolis Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

over

LIBRARY BUREAU. 65968

Name of Dr. F. H Thompson
Annapolis Md

information
From Father of child

Recd for record
Feb 28th 1899

Name In Full Vina Lee

Certificate of Death

Died at Town The Almshouse County Anne Arundel MARYLAND

Date 189 9 Month 2 Day 24 Age 80 Y. M. D. | Native of | Occupation

~~White~~ Female ~~White~~ Colored | Married Single | Widow Widower | Divorced Number of children living

Husband of
Wife

Father's Name | Mother's Name

Cause of Death: Primary 161 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Evening Capital

Address 3-8

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808

Almshouse, Anne Arundel Co.

Name in Full

Elizabeth McGowan

Certificate of Death

Died at Annapolis (Town) Anne Arundel (County) MARYLAND

Date 189 9 | Month 2 | Day 5 | Age Y. 68 M. — D. | Native of Md | Occupation Domestic

~~Male~~ Female | ~~White~~ Colored | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living 1

Husband / Wife of Jacob McGowan

Father's Name Franklin - | Mother's Name Carrie Franklin

Cause of Death: Primary 42 | How long sick 12 hours

Immediate Apoplexy | ~~Accident, Suicide, Homicide~~

Reported by Wm Bishop MD

Address 12 Church Circle

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Rec'd for record
Feb 6th 1899

No. A.

pecial Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this

Health Department, City of Baltimore.

ermit No. A 4718 Office of Registrar of Vital Statistics. Ward

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *ccurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the eath of said deceased, or sooner, if requested to do so, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 17th

Full Name of Deceased, {Write legibly with ink and spell correctly. If an infant not named, give names of parents.} Aniela Mrozki

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 28 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or county, and how long in the United States, if of foreign birth.} Russia

Duration of Residence in the City of Baltimore, 6 yrs

Place of Death, {Give Street and Number.} East Brooklyn

Cause of Death, First (Primary), Confinement

Second (Immediate), Debility & prolonged Labor

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Rosary

Date of Burial, Feb. 18

Undertaker, J. Faulkowski

Place of Business, 728 S Bond

Chas. F. Brooke M.D.,
Medical Attendant.

Address, Brooklyn A.A. Co. Md.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under h notice, to furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whet married or single) of the person deceased, and the cause and date of death.

[OVE

Following Additional Information is Requested in Relation to the Causes of Death Enumerated Below:

ANEURISM—Mode of Death.
CER. SPINAL MENINGITIS—Variety, whether Epidemic or simply Inflammatory.
CHILDBIRTH — Circumstances producing Death.
CANCER—Variety and Seat.
CALCULUS—Mode of Death.
DENTITION—Mode of Death.
DISEASE OF HEART—Variety. Valves involved.
DROPSY—Variety and Cause.
ENTERITIS AND GASTRO ENTERITIS—Cause, whether Diarrhœal or not.
ERYSIPELAS—Seat and Cause.
FRACTURES—Cause and Mode of Death.
GANGRENE—Seat and Cause.
GASTRITIS—Cause.
HERNIA—Variety and Mode of Death.
INSANITY—Variety and Mode of Death.
JAUNDICE—Cause and Mode of Death.
MANIA, ACUTE—Cause and Mode of Death.
MISCARRIAGE—Cause and Mode of Death.
MALIGNANT PUSTULE—Location and Cause.
MALFORMATION—Variety.
METRITIS—Variety and Cause.
NECROSIS—Seat. Cause and Mode of Death.
OVARIAN TUMOR—Mode of Death.
PARALYSIS—Variety and Cause.
PERITONITIS—Cause.
PHLEBITIS—Cause.
PYÆMIA—Cause. Nature of Injury, if any.
PREMATURE BIRTH—Cause. Fœtal age.
PRETERNATURAL BIRTH—Manner of.
SYPHILIS—Variety. Chief Location and Mode of Death.
TETANUS—Nature of Injury, if any.
ULCER—Nature, Chief Location and Mode of Death.
WOUNDS—Cause, Variety, Seat and Mode of Death.
ABSCESS—Cause, Location and Mode of Death.
Specify every Surgical Operation with fatal result.
Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of Death.

JAMES F. McSHANE, M.D.,
Commissioner of Health and Registrar.

REMARKS.

Name in Full L. N. Morehouse

Certificate of Death

Died at Town Annapolis County A. A. MARYLAND

Date 189 Month 9 Day 2 L 8 | Age 83 M. D. | Native of | Occupation

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ | Number of children living

Husband of
Wife

Father's Name

Mother's Name 126

Cause of Death { Primary Senile gangrene | How long sick 6 mos.

Immediate | Accident, Suicide, Homicide

Reported by The Advertiser

Address [redacted] 7-13

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

Mary Tracy Murr

Town

County

Died at Brooklyn Anne Arundel MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
Date 1897 Feb	13th	Age 84.			Germany	

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living

~~Husband~~ Wife of Fritz Murr Sr (deceased)

Father's Name

Mother's Name

141

Cause of Death — Primary: Old age. by the visitation of God

Immediate: in a natural way. and not otherwise

How long sick about 2 days

~~Accident, Suicide, Homicide~~

Reported by Thomas L McClelland J.P. Visiting Coroner

Address Brooklyn Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Clara E. Owens

Certificate of Death

Died at Town Brooklyn County Anne Arundel MARYLAND

Date 189 9 Month 2 Day 17 | Age Y. 7 M. D. | Native of Brooklyn | Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name Harry Owens

Mother's Name

Cause of Death

Primary Acute Bronchitis

Immediate 69

How long sick Week

Accident, Suicide, Homicide

Reported by Dr Chas. R. Brooke

Address Brooklyn Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808

Name in Full

Certificate of Death

Summerfield Randall

Died at Town Harwood County Anne Arundel MARYLAND

Date 1899 Month Feb. Day 21 Age Y. 35 M. about D. Native of Md Occupation Farmer

Male ~~White~~ Married ~~Widow~~ ~~Divorced~~

~~Female~~ Colored ~~Single~~ Widower Number of children living 4

Husband of Wife Kitty Randall

Father's Name Henry Randall Mother's Name Hennie Randall

Cause of Death Primary Strangulated Hernia How long sick 8 days

Immediate Peritonitis 86 Accident, Suicide, Homicide

Reported by Sewell S. Hepburn, Jr. MD

Address West River Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Marriet Ruth Remmey

Died at Town Brooklyn County A A. MARYLAND

Date 189 9 Month 3 Day 26 Age Y. 1 M. 11 D. Native of Maryland Occupation Child

~~Male~~ Female White ~~Colored~~ Married Single Widow Widower Divorced Number of children living

Husband / Wife of

Father's Name Wm L Remmey

Mother's Name Thomas Remmey

Cause of Death: Primary Diphtheria 8a

Immediate Heart Failure.

How long sick 3 days.

Accident, Suicide, Homicide

Reported by J B Robinson

Address Brooklyn Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 55968

Name in Full

Certificate of Death

William Smith

Died at Town Annapolis County Anne Arundel MARYLAND

Date 1899. Month Feby Day 8th Age Y. 67 ~~M.~~ ~~D.~~ Native of Md. Occupation Labour

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Colored ~~Single~~ Widower Number of children living 2

Husband ~~Wife~~ of Sarah -

Father's Name Tobias Smith Mother's Name Rachel Howard

Cause of Death Primary Cancer of Penis How long sick 5 months

Immediate 25g ~~Accident Suicide Homicide~~

Reported by James S Taylor F. D.

Address Annapolis Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

over

LIBRARY BUREAU, 65968

H.R

Name of Dr. Winchester
Annapolis
Md

Informed by.
Mrs. Sarah Poulter
+ The Dr.

Read for record
Feb 28th 1899

Name in Full Louisa Stevens

Certificate of Death

Died at Town Annapolis County A. A. Co MARYLAND

Date 1899 Month Feb. Day 22 Age Y. 23 M. D. Native of Md Occupation Domestic

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female Colored Single ~~Widower~~ Number of children living 3

Husband of Wife

Father's Name Chas. Stevens Mother's Name Martha Lee

Cause of Death Primary Septic - dead Foetus How long sick 10 days

Immediate Shock 119 Accident, Suicide, Homicide

Reported by H. R. Winchester M.D.

Address 47 Market St

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 6F968

Recd for record
March 10th 1899

Name in Full Maria Turner

Certificate of Death

Town County

Died at South River Anne Arundel MARYLAND

Date 1899 Month 2 Day 13 | Age Y. M. D. | Native of | Occupation

~~Male~~ Female | ~~White~~ Colored | Married Single | Widow Widower | Divorced Number of children living

Husband of Wife

Father's Name | Mother's Name

Cause of Death: Primary 161 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Examiner Annapolis

Address 2-23

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr._____

of_____

Seen by Coroner_____

of_____

Information contained in this certificate received from_____

of_____

Name in Full: Mary S Tyler

Certificate of Death

Died at Town: A A Co County: — MARYLAND

Date 1899 Month: 2 Day: 16 | Age Y.: 52 M.: 3 D.: 10 | Native of: A A Co | Occupation: Domestic

~~Male~~ ~~White~~ Married ~~Widow~~ ~~Divorced~~

Female Colored ~~Single~~ ~~Widower~~ Number of children living: one

~~Husband~~ Wife of: John Tyler

Father's Name: Charles Beverly

Mother's Name: Sarah J Beverly

Cause of Death: Primary: La Grippe 9

Immediate: Pneumonia

How long sick: 1 mo 10 days

Accident, Suicide, Homicide

Reported by: William Bishop M D

Address: 12 Church Circle

Annapolis Mo

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name In Full Ellen E. Van Hurp

Certificate of Death

Town County

Died at Anne Arundel MARYLAND

Date 189 9 Month 2 Day 17 Age Y. 1 M. 5 D. 14 Native of Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name Chas. Van Hurp Mother's Name Clara Van Hurp

Cause of Death Primary 161 How long sick

Immediate Accident, Suicide, Homicide

Reported by Md. Republican

Address 2-25

Must be signed by physician, if any in attendance, otharwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

Helena Van Kerpt

Town

County

Died at Annapolis, Anne Arundel MARYLAND

Date 1899 Month Feb Day 17th Age Y. 1 M. 5 D. Native of Md. Occupation ~~Occupation~~

~~Male~~ White ~~Married,~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

~~Husband of Wife~~

Father's Name Charles Van Kerpt

Mother's Name Clara Dipson

Cause of Death: Primary Teething

Immediate Bronchitis

140

How long sick 20 days

~~Accident, Suicide, Homicide~~

Reported by Alex Evans. Undertaker

Address 24 College Ave

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, FORM

Read for record
Feb 18th 1899

Name in Full

Certificate of Death

William Franklin Whittington

Died at Town Eastport County A. A. MARYLAND

Date 1899 Month Feb Day 25 Age Y. 2 M. D. Native of Md Occupation —

Male ~~Female~~ White ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~

Husband / Wife of —

Father's Name Chas H. Whittington Mother's Name

Cause of Death: Primary Entero Colitis 8 2 How long sick 1 week

Immediate

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by Wm S. Welch MD

Address Annapolis

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65568

Name In Full Mrs. Agnes Wilson

Certificate of Death

Died at 3rd Town Dist. County Anne Arundel MARYLAND

Date 189 9 Month 2 Day 23 | Age Y. 42 M. D. | Native of | Occupation

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ ~~Divorced~~ | Number of children living 4

~~Husband~~ Wife of Wm. P. Wilson

Father's Name Mattison | Mother's Name

Cause of Death — Primary 161 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Md. Republican

Address Annapolis 2-25

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79605

Name In Full Mrs. William Wilson

Certificate of Death

Died at Town County Anne Arundel MARYLAND

Date 189 9. Month 2 Day | Age Y. M. D. | Native of | Occupation

~~Male~~ White Married Widow Divorced

Female ~~Colored~~ ~~Single~~ Widower Number of children living

Husband of Wife

Father's Name Mother's Name

Cause of Death: Primary 161 How long sick

Immediate Accident, Suicide, Homicide

Reported by Dr. A. M. Powell M.D.

Address Arnold P.O.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79999